



# BACKGROUND CHECK SYSTEM

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

BCS Go-live - June 26, 2018  
Revised Presentation - April 1, 2020

# What is the Background Check System (BCS)?

- Web-based computer application
- BCS allows authorized users to:
  - Submit background checks and receive results online
  - Track the status of submitted background check requests
  - Search, save, and print background check results
  - Receive interim fingerprint results and fingerprint appointment forms
  - Manage system user access and permissions

# Why BCS?

- The volume of background checks requested annually through BCCU is 300,000+
- The old Criminal History System (CHS), relied on manual processes for completing a background check request
  - Data entry of applicant information
  - Research in external databases
  - Manual input of analysis
  - Printing, mailing, or faxing physical results back to requesting entities
- CHS was built on a outdated technology that was no longer supportable.

# Commonly Used Terms

- **Entity** – *The office or program submitting a background check on behalf of the applicant. For example: Nursing Home, Adult Family Home, or DSHS facility.*
- **Applicant** – *A potential or existing employee completing a Background Check Authorization form (BAF). For example: Employee, student, intern, licensee, or individual provider.*

# Applicant Experience



## Background Check Authorization Form

[Expand All](#)

### Complete Applicant Form - Instructions

Welcome to the DSHS Background Check Central Unit (BCCU) Online Applicant Form!

Please use this form to enter your personal information to initiate a background check for employment, licensing and contracting purposes. The Online Applicant Form is easy to use and can expedite background check processing.

**What you need to know:**

- You are entering your personal information onto a secure site maintained and monitored by DSHS.
- You cannot save an incomplete form and return at a later time. Please allow yourself at least 15 minutes to complete the Online Applicant Form. After **30** minutes of inactivity, your session will timeout and all information will be lost. You will have to start over if the system times out.

The applicant can access and complete an online Background Check Authorization form (BAF) from a computer. The form works best in Google Chrome as the web browser.

## Complete Applicant Form - Instructions

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### What you need to know:

- You are entering your personal information onto a secure site maintained and monitored by DSHS.
- You cannot save an incomplete form and return at a later time. Please allow yourself at least 15 minutes to complete the Online Applicant Form. After 30 minutes of inactivity, your session will timeout and all information will be lost. You will have to start over if the system times out.
- If you have criminal history, you should refer to your charging or court papers to assist you in answering questions that require crime dates and official crime names when applicable.
- Help features are included throughout the form providing instructions and/or examples.
- Once your Online Application Form is successfully saved, you will:
  - Receive a confirmation number
  - Have the ability to print and/or save the document containing your information
  - Have an opportunity to quickly email your name and confirmation number to the person or entity requesting the background check.
- Your complete Online Applicant Form will be saved and kept confidential for 90 days from the date you provided your personal information. On the 91st day, your information will be deleted and no longer available for an entity to retrieve and submit.
- To find out the status of your background check result, please contact the person or entity you submitted your information to.
- Please contact BCCU if you need assistance completing the Online Applicant Form Monday through Friday 8:00 AM to 4:30 PM:
  - Phone: 360-902-0299
  - Email: [bccuinquiry@dshs.wa.gov](mailto:bccuinquiry@dshs.wa.gov)

[Start Filling in the Form](#)

### Name and Date of Birth Information

Print your name as it is listed on your driver's license or other photo ID.

**First** ? *Required*

**Middle** ?

**Last** ? *Required*

**Date of Birth (MM/DD/YYYY)** ? *Required*

**Have you used any other first, middle, or last names?** *Required*  
Include nicknames, maiden names, and any other names you have used.

Yes  No

**First** ?

**Middle** ?

**Last** ?

+ New Alias

Next

If the applicant says “yes” to having other names, additional fields open allowing the applicant to type in additional first, middle, or last names.

Note: DSHS does not conduct background checks for persons under eight (8) years old.

**Date of Birth (MM/DD/YYYY)** ? *Required*

**DSHS does not conduct background checks for persons under eight (8) years old.**

**Have you used any other first, middle, or last names?** *Required*  
Include nicknames, maiden names, and any other names you have used.

### Additional Applicant Information

Daytime telephone number where you can be reached *Required*

(999) 999-9999 OR (999) 999-9999 X9999

Email address

Social security number (SSN)

999-99-9999

Do you have a valid driver's license?

Yes  No

Next

Phone Number is a Required Field

### Address Information

Have you lived in any state or country other than Washington State within the last three years (36 months)? *Required*

Yes  No



#### Review

BCCU may send background check results and/or confidential information to the mailing address provided.

Mailing address (where we can send you confidential information)

Address Line 1 *Required*

Address Line 2

City *Required* State *Required*

WA

Zip Code *Required*

99999 OR 99999-9999

Is the street address where you live now the same as the mailing address you listed above? *Required*

Yes  No

Next

Mailing Address is a Required Field

- BCCU will mail the applicant a copy of final Review Required and Disqualifying result letters.

UAT



Help Tools are built in throughout the form to assist the applicant when providing their personal information.

Self-Disclosure - Conviction Information ? +

Self-Disclosure - Pending Charge Information ? +

Clicking on the small “?”

Opens a new window with Helpful Information

**IMPORTANT INFORMATION ABOUT ANSWERING SELF-DISCLOSURE QUESTIONS:** Your answers to self-disclosure questions become part of your background check history and are stored in the DSHS database. Self-disclosures are reported as part of your background check result like any other background check history we receive. It is important that your answers to self-disclosure questions are accurate and consistent. It is strongly recommended that you answer self-disclosure questions the same way each time you complete the Online Applicant Form. Please note, submitting a new answer to a self-disclosure will not correct or change a previous self-disclosure. If you believe you have previously answered a self-disclosure incorrectly, please see our website on how to correct previous self-disclosures - <https://www.dshs.wa.gov/fsa-applicant-resources>. It is also recommended that you refer to charging papers, court records, or other official documents and that you list criminal convictions, pending charges, dates and other information exactly as they are listed in those documents.

OK

### Self-Disclosure - Conviction Information ?

Have you ever been convicted of any crime? (11a) *Required*

Yes  No

Occurred in Washington State? ? *Required*

Yes  No

Select a crime convicted of from the list or select **CRIME NOT IN LIST** to enter a different crime. ? *Required*

Other Crime Information ? *Required*

Conviction Date ? *Required*

MM/DD/YYYY

Description ?

[+ New Convicted Crime](#) ?

[Next](#)

### Self-Disclosure - Pending Charge Information ?

Do you have charges (pending) against you for any crime? (11b) *Required*

Yes  No

Occurred in Washington State? ? *Required*

Yes  No

State *Required*

Select a pending charge from the list or select **CRIME NOT IN LIST** to enter a different crime. ? *Required*

Other Crime Information ? *Required*

Description ? *Required*

[+ New Pending Charge](#) ?

[Next](#)

### Self-Disclosure Questions ?

Has a court or state agency ever issued you an order or other final notification stating that you have sexually abused, physically abused, neglected, abandoned, or exploited a child, juvenile, or vulnerable adult? (12) ? *Required*

Yes  No

Has a government agency ever denied, terminated, or revoked your contract or license for failing to care for children, juveniles, or vulnerable adults; or have you ever given up your contract or license because a government agency was taking action against you for failing to care for children, juveniles, or vulnerable adults? (13) ? *Required*

Yes  No

Has a court ever entered any of the following against you for abuse, sexual abuse, neglect, abandonment, domestic violence, exploitation, or financial exploitation of a vulnerable adult, juvenile or child? (14) *Required*

- Permanent vulnerable adult protection order / restraining order, either active or expired, under RCW 74.34.
- Sexual assault protection order under RCW 7.90.
- Permanent civil anti-harassment protection order, either active or expired, under RCW 10.14.

?  
 Yes  No

[Review Your Information](#)

### Final Self-Disclosure Questions

Ensure to read the question(s) thoroughly

When you are finished, click **Review Your Information** for one last review

**i** Review

Review the information you entered and make any necessary corrections.

**Name and Date of Birth Information**

Print your name as it is listed on your driver's license or other photo ID.

First <sup>?</sup> Required

Test

Middle <sup>?</sup>

Last <sup>?</sup> Required

Test

Date of Birth (MM/DD/YYYY) <sup>?</sup> Required

01/01/1980

Have you used any other first, middle, or last names? Required  
Include nicknames, maiden names, and any other names you have used.

Yes  No

**Additional Applicant Information**

Daytime telephone number where you can be reached <sup>?</sup> Required

(360) 902-0299

Email Address <sup>?</sup>

Social Security Number (SSN) <sup>?</sup>

Do you have a valid driver's license? Required

Yes  No

Review information and correct any errors.

After the form is submitted, information cannot be modified.

I am the person named above. If I do not tell the whole truth on this form, I understand I can be charged with perjury and I may not be allowed to work with vulnerable adults, juveniles or children. I understand and agree my electronic signature below means: *Required*

- I give DSHS permission to check my background with any governmental entity and law enforcement agency.
- My background check result may include prior self-disclosure information and fingerprint results that are contained in the DSHS Background Check System and that this information will be reported as allowed by federal or state law.
- If a final finding is identified, DSHS will report only my name and that a final finding was identified on the background check result.
- DSHS will give my background check result to the persons or entities requesting my background check and those persons or entities may release my background check results to other persons or entities when the law authorizes or requires DSHS to do so. Fingerprint rap sheets are provided if allowed by federal or state law.

Applicant is asked to indicate they are the person named above, and have provided complete and truthful information.

Once the applicant checks the box indicating they have provided complete information they proceed to the **Electronic Signature** process.

[Proceed to Electronic Signature](#)



### Electronic Signature

By selecting the "I Agree" checkbox, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Form.

Click to agree and enter your name in the box provided to complete your signature.

**I Agree** *Required*

Your Name *Required*

**Save**

**Go Back**

Once the applicant checks the **I Agree** box and types their name, they'll click **Save** to complete the process.



UAT

If your program has authorized you to complete a background check on a minor applicant, you will receive the option to sign as a parent/guardian.

For questions regarding requesting background checks on minors, please refer to your program contact.

By selecting the "I Agree" checkbox, you are signing this Application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Form.

Click to agree and enter your name in the box provided to complete your signature.

**Your parent/guardian signature if you are under 18** *Required*

**I Agree** *Required*

Your Name *Required*

**Save**



## Background Check Authorization Form

Thank You. Your background check information has been saved.

Your confirmation number is **ELDER74FA2**.

If you have provided your email address when filling in the online application, you will receive an email with your confirmation number and instructions for sharing this information with the person(s) or entity(s) requesting the background check

You may also email your confirmation code to the person(s) or entity(s) who requested the background check. Please enter up to three (3) email addresses below.

Email address

Email address

**Remove This Email Address**

Email address

**Remove This Email Address**

**Add Another Email Address**

**Send Application via Email**

You may print or save a copy of your completed Background Authorization form:

- Click the "print/save" button below to open a PDF of the Background Authorization Form
- Print or save the form for your records.

**Print/Save Form**

Thank you for using the Online Applicant Form.

**NOTE:** Saving your information onto the Online Applicant Form alone does not initiate a background check. You must provide your information to the person(s) or entity(s) requesting the background check. At a minimum, you will need to provide them with the confirmation code you receive via email and your date of birth so they can retrieve your information from the Online Applicant Form System. They will then determine if they wish to proceed with the background check and submit your information to the Background Check Central Unit (BCCU).

The system generates a confirmation code and presents the applicant with the ability to email their confirmation code to three email addresses. The applicant's personal information is never sent via email using this feature.

Applicant's also have the option to generate a PDF of their form. They can then save or print.

# Confirmation Code Email – Example

----- Forwarded message -----

From: <[Do Not Reply BCS@dshs.wa.gov](mailto:Do_Not_Reply_BCS@dshs.wa.gov)>

Date: Fri, May 31, 2019 at 11:30 AM

Subject: DSHS Background Check: Online Applicant Form Saved for Lorraine Fulfs

To: <[Office@lmkincorporated.com](mailto:Office@lmkincorporated.com)>

Thank you for using the DSHS Online Applicant form to enter your background check information on 5/31/2019.

- APPLICANT NAME: **Lorraine Fulfs**
- DATE SUBMITTED: **5/31/2019**
- CONFIRMATION NUMBER: **FULFSE90C2** (valid for 90 days from submitted date above)
- APPLICANT'S EMAIL ADDRESS: [Lorrainelorraine190@gmail.com](mailto:Lorrainelorraine190@gmail.com)

**APPLICANT:** Please retain this information. If you haven't already, you can share this information with the person or entity requesting your background check. Entities must have your confirmation number listed above AND your date of birth in order to locate your information in the Background Check System (BCS).

**REQUESTING ENTITY:** When requesting a background check for the above applicant, you will need to enter the above confirmation number AND the applicant's date of birth to retrieve the applicant information and submit a background check using the Background Check System (BCS).

PLEASE DO NOT REPLY TO THIS EMAIL. RESPONSES ARE NOT RECEIVED OR MONITORED.

If you have questions about this email communication, please contact us.

Sincerely,

Department of Social and Health Services (DSHS)

Background Check Central Unit (BCCU)

Address: PO Box 45025 Olympia, WA 98504-5025

Tel: [\(360\) 902-0299](tel:(360)902-0299)

Fax: [\(360\) 902-7954](tel:(360)902-7954)

Email: [BCCUInquiry@dshs.wa.gov](mailto:BCCUInquiry@dshs.wa.gov)

Website: [www.dshs.wa.gov/bccu](http://www.dshs.wa.gov/bccu)



# The Applicant:

- **Completing the online form does not submit the background to BCCU.**
  - The Applicant will need to send their confirmation code to the requesting entity.
- **A paper form is still available.** Applicants will complete required information, sign, and provide it to the requesting entity.
  - The requesting entity will manually enter Applicant information in BCS and submit to BCCU for processing.
  - *This is not the recommended process as it is inefficient and is more susceptible incomplete information and data entry errors.*

# Background Check System

## Entity Overview

## Logging in via SecureAccess Washington (SAW)



The screenshot shows the SecureAccess Washington login interface. At the top left is the Seal of the State of Washington, featuring George Washington and the year 1889. To the right, the text reads "WELCOME to your login for Washington state." Below this is a navigation bar with "SecureAccess Washington" on the left and three buttons: "SIGN UP!", "GET HELP", and "TIPS ON". The main content area is split into two columns. The left column is titled "LOGIN" and contains fields for "USERNAME" and "PASSWORD", a "SUBMIT" button, and links for "Forgot your username?" and "Forgot your password?". The right column is titled "ON BEHALF OF WASHINGTON STATE AGENCIES" and features a graphic of the Washington State Capitol building. A red arrow points from a callout box to the "SIGN UP!" button.

**WELCOME**  
to your login for Washington state.

SecureAccess Washington

[SIGN UP!](#) [GET HELP](#) [TIPS ON](#)

**LOGIN**

USERNAME

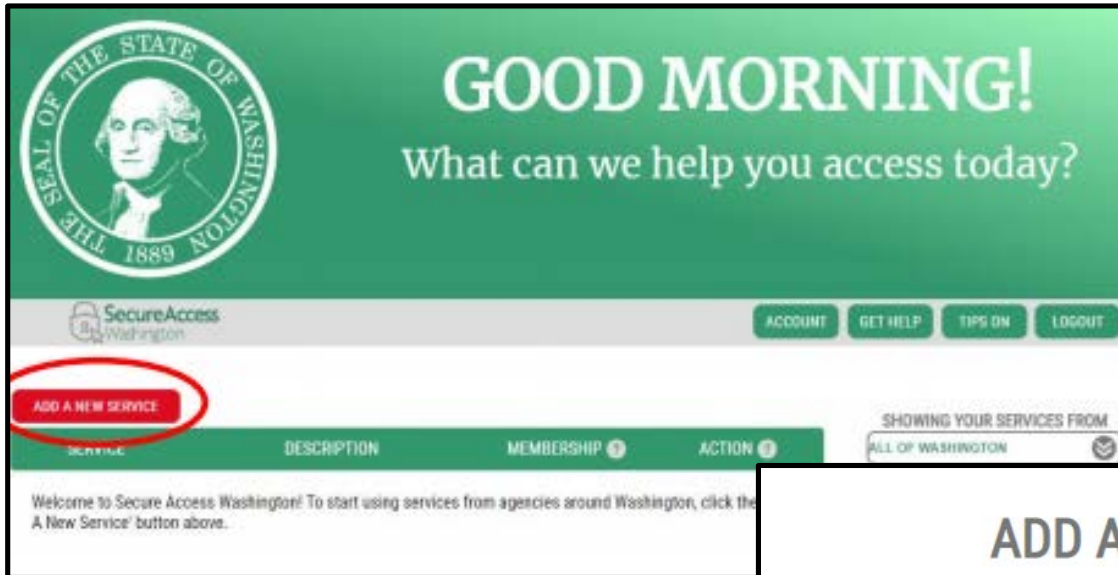
PASSWORD

**SUBMIT**

[Forgot your username?](#) | [Forgot your password?](#)

**ON BEHALF OF WASHINGTON STATE AGENCIES**

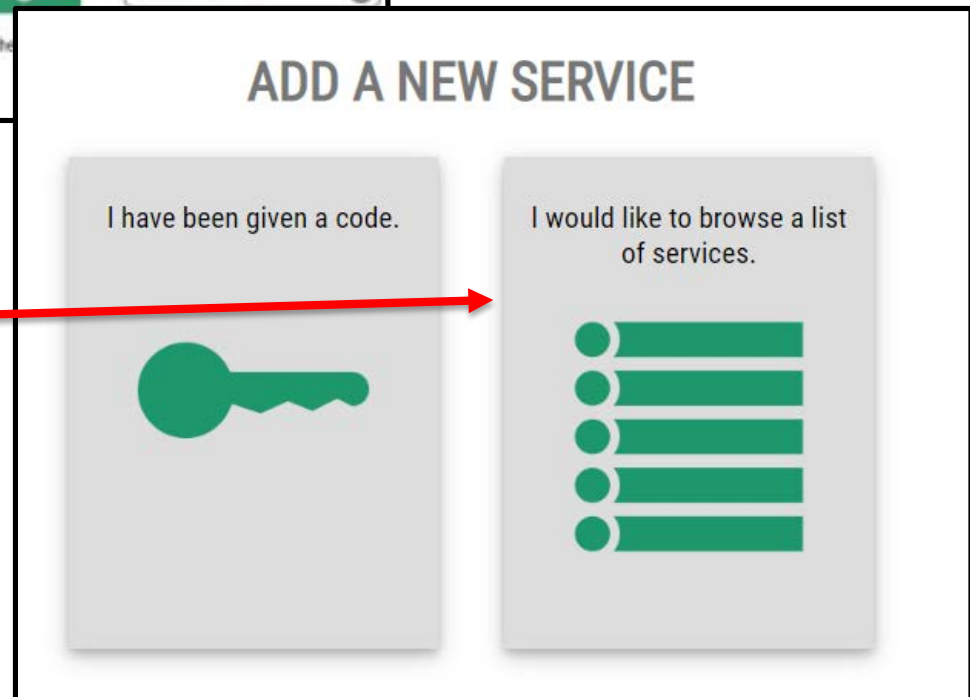
If you do not have an account, select **SIGN UP!**



To add BCS as a service, select **Add New Service**

Select **I would like to browse a list of services.**

Note: BCS will generate a registration key. Do not enter the registration key in the "I have been given a code" field. You will save it for later.



### ADD A NEW SERVICE

- Board of Accountancy
- Consolidated Technology Services
- Department of Archaeology and Historic Preservation
- Department of Commerce
- Department of Ecology
- Department of Financial Institutions
- Department of Health
- Department of Labor and Industries
- Department of Licensing
- Department of Natural Resources
- Department of Revenue
- Department of Social and Health Services**
- Department of Transportation
- Employment Security Department
- Enterprise Services
- Office of Financial Management
- Washington State Gambling Commission

Select **Department of Social of Health Services**

Select **Apply** to apply BCS as a service



**GOOD MORNING!**  
What can we help you access today?



- HOME
- ACCOUNT
- TIPS ON
- GET HELP
- LOGOUT

### SERVICES FROM DSHS

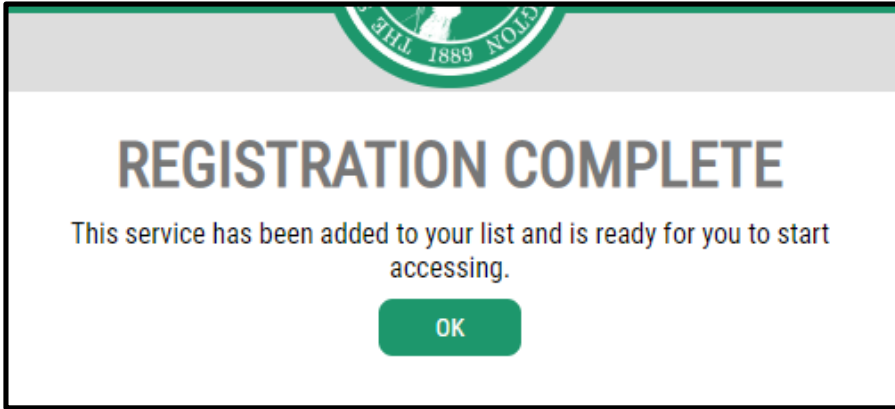


Washington State  
Department of Social  
and Health Services

**BACKGROUND CHECK SYSTEM**

Production Background Check System

**APPLY**

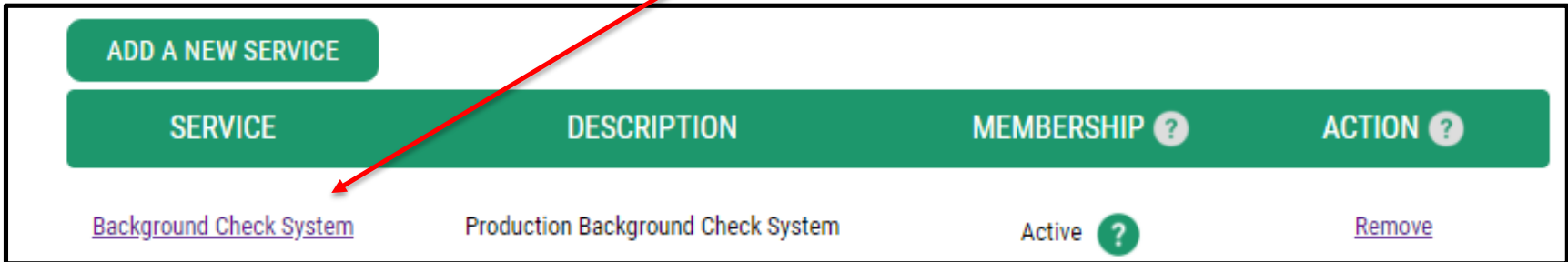


A notification box with a green header containing the Washington State Department of Social and Health Services logo. The main text reads "REGISTRATION COMPLETE" in large, bold, grey letters. Below this, it says "This service has been added to your list and is ready for you to start accessing." At the bottom center is a green button with the text "OK".

Select **OK**

BCS will display in your list of Services.

To access BCS, select the hyperlink.



A table with a green header and one data row. The header has four columns: "SERVICE", "DESCRIPTION", "MEMBERSHIP", and "ACTION". The data row contains the following information: a hyperlink "Background Check System", the text "Production Background Check System", the text "Active" followed by a question mark icon, and a hyperlink "Remove". A red arrow points from the "OK" button in the notification box above to the "Background Check System" hyperlink in the table.

SERVICE	DESCRIPTION	MEMBERSHIP ?	ACTION ?
<a href="#">Background Check System</a>	Production Background Check System	Active ?	<a href="#">Remove</a>



## MULTI-FACTOR AUTHENTICATION (MFA)

Multi-Factor Authentication adds an extra layer of security to your account.

- Requires an additional check beyond username and password
- Helps prevent identity theft and fraud
- Is an Office of the Chief Information Officer (OCIO) requirement for applications containing personally identifiable information (PII)

## ADD MFA TO YOUR ACCOUNT

We will collect additional emails and phone numbers where we can send codes to verify you in the future.

BEGIN

## REVIEW AND FINALIZE

Please review the information you have entered and make any changes before pressing the "SUBMIT" button.

### PHONE NUMBERS

PRIMARY [REDACTED]

### EMAILS

EMAIL 1: [REDACTED]

Would you like us to add this computer to our list of known devices?  
Users who access the system using a known device are slightly less likely to be challenged.

- Yes  
 No

CHANGE

SUBMIT



## NOW ACCESSING



Washington State  
Department of Social  
& Health Services

*Transforming lives*

You are now accessing Background Check System provided by Department of Social and Health Services. If you require assistance, the Background Check System help desk can be reached at [bccuinquiry@dshs.wa.gov](mailto:bccuinquiry@dshs.wa.gov) or 3609020299.

CANCEL

CONTINUE

## Welcome



## Background Check System

As the Department of Social and Health Services, a single mission ties us together: to transform lives.

The Background Check Central Unit (BCCU) contributes to this mission by partnering with you to apply transformative employment practices through strategic policies, creative business methods, and innovative technologies to process over 330,000 background checks annually.

The new online Background Check System (BCS) is for authorized entities, such as Department programs and authorized service providers, to complete background checks for those who serve vulnerable adults, juveniles, and children.

Thank you for supporting our mission to transform the lives of our state's most vulnerable.

### WARNING

This is a government computer system and is the property of the Washington Department of Social and Health Services. It is for authorized use only.

Users (authorized or unauthorized) have no explicit or implicit expectation of privacy. Any or all uses of this system and all files on this system may be intercepted, monitored, recorded, copied, audited, inspected, and disclosed to the authorized site, Department of Social and Health Services, and law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign.

By using this system, the user consents to such interception, monitoring, recording, copying, auditing, inspection, and disclosure at the discretion of the authorized site or Department of Social and Health Services personnel.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties.

Unauthorized access is prohibited by Public Law 99-474 "The Computer Fraud and Abuse Act of 1986".

Unauthorized access, use, misuse, or modification of this computer system or of the data contained herein or in transit to/from this system constitutes a violation of Title 18, United States Code, Section 1030, and may be subject the individual to Criminal and Civil penalties pursuant to Title 26, United States Code, Sections 7213, 7213A (the Taxpayer Browsing Protection Act), and 7431.

By continuing to use this system, you indicate your awareness of and consent to these terms and conditions of use. LOG OFF IMMEDIATELY if you do not agree to the conditions stated in this warning.

Okay



## User Access Agreement



**BY CLICKING "I AGREE", I UNDERSTAND AND ACCEPT THE FOLLOWING TERMS OF USE FOR ACCESSING THE BACKGROUND CHECK SYSTEM (BCS):**

- BCS is a restricted information system maintained by the Washington State Department of Social and Health Services (DSHS).
- BCS contains confidential and restricted information that I will protect as required by federal and state law.
- I will comply with applicable DSHS confidentiality and security policies.
- Unauthorized use of BCS or any records accessed through BCS is prohibited and may be subject to criminal and/or civil penalties or may result in formal disciplinary action by DSHS, including termination of my employment or contract.
- If I have potential access to national (fingerprint) criminal history records, I have completed Criminal Justice Information System (CJIS) Security Awareness Training.
- The use of criminal history record information obtained through a national (fingerprint) check must comply with the CJIS Security Policy.
- Dissemination or use of national criminal history records for any other purpose is a violation of federal law.
- System usage may be monitored, recorded, and is subject to audit.
- If I have any questions regarding federal, state, or DSHS requirements around system usage, or require access to applicable confidentiality and security policies, I will contact my direct supervisor or program contact.
- Use of this system indicates consent to monitoring and recording of my system usage and indicates I understand and agree to comply with the above terms.

I Agree

Go Back

# BCS Registration

## Welcome to the Background Check System (BCS)

You must have your BCS Registration Letter for reference prior to completing the steps below. Only the Primary Account Administrator should complete this registration process.

To register for BCS access:

1. Enter the Registration Key included in the BCS Registration Letter and click "Search"
2. Confirm the Entity name and address is correct -- Contact your DSHS oversight program or the Background Check Central Unit if the Entity Information is not accurate
3. You will receive a confirmation that your registration was processed

Registration Key

Registration Key Required

**This field is required**

A registration key is required. If you have not yet received your key, please refer to the Primary Account Administrator (PAA) for your entity or BCCU for assistance

*Note: You do not need a registration key if you are an applicant. Please refer to the Applicant Experience slides for instructions on completing a BAF.*

# Select Your Account

If you are an authorized user for multiple entities, a list of entities will display.

If you only have access to a single entity, you will be directed to the entity home screen.

**Select an Entity**

You can work with background checks for multiple entities. Please

**Select entity**

- 11000077: HCS REG 2 NORTH, State Employee, BELLINGHAM
- 11000081: HCS HEADQUARTERS, State Employee, LACEY
- 11000077: HCS REG 2 NORTH, State Employee, BELLINGHAM**
- 11000075: HCS REGION 1, State Employee, SPOKANE
- 11000076: HCS REGION 2, State Employee, YAKIMA
- 11000078: HCS REGION 4, State Employee, SEATTLE
- 11000079: HCS REGION 5, State Employee, TACOMA
- 11000080: HCS REGION 6, State Employee, TUMWATER
- 40010275: Healing Garden LLC, Adult Family Home, Lakewood
- 98000284: Health People, Private Home Care Agency, Bellevue
- 40004190: HEALTH TECH INC, Adult Family Home, SELAH

# Entity Home page

Users with access to more than one account click here to switch between accounts.

Background Check System \*ENVIRONMENT: UAT\*

Welcome, dshs\plealap  
Account: 11001618  
Name: HCRH HCS TEST

11001618 HCRH HCS TEST Home Page

Review and Submit a New Background Check

Enter the Online Form Confirmation Code *Required*

Enter 10 character code

Applicant Date of Birth *Required*

MM/DD/YYYY

Retrieve Applicant Information

- or -

[Manually enter New Applicant Information](#)

Search Applications

First Name  
Applicant First Name

Last Name  
Applicant Last Name

Inquiry ID  
Inquiry Id

Show My Inquiries

Not Submitted  In Progress  Archived

Finished  Needs Action  Expired

Date Created From  
MM/DD/YYYY

Date Created To  
MM/DD/YYYY

Search Reset

Export To Excel

[Estimated Turnaround Times](#)

No background check applications found...

Archive

The first time someone logs into their account there will be no Inquiries displayed because nothing has been saved/submitted in BCS.

Search Applicants default to showing those inquiries in a “Finished” and “Needs Action” status.

# Entity Home page

Users with access to more than one account click here to switch between accounts

Background Check System \*ENVIRONMENT: UAT\*

Welcome, dshs\plealap  
Account: 11001618  
Name: HCRR HCS TEST

11001618 HCRR HCS TEST Home Page

Review and Submit a New Background Check

Enter the Online Form Confirmation Code *Required*

Enter 10 character code

Applicant Date of Birth *Required*

MM/DD/YYYY

Retrieve Applicant Information

- or -

[Manually enter New Applicant Information](#)

Search Applications

First Name  
Applicant First Name

Last Name  
Applicant Last Name

Inquiry ID  
Inquiry Id

Show My Inquiries

Not Submitted  In Progress  Archived

Finished  Needs Action  Expired

Date Created From  
MM/DD/YYYY

Date Created To  
MM/DD/YYYY

Search Reset

Export To Excel

[Estimated Turnaround Times](#)

No background check applications found...

Archive

The first time someone logs into their account there will be no Inquiries displayed because nothing has been saved to BCS.

Search results default to showing those inquiries in a “Finished” and “Needs Action” status.

# Details: Search Fields and Working Grid

Applicant Search Fields

**Search Applications**

**First Name**

**Last Name**

**Inquiry ID**

Show My Inquiries

Not Submitted   
  In Progress   
  Archived  
 Finished   
  Needs Action   
  Expired

**Date Created From**    
 **Date Created To**

[Estimated Turnaround Times](#)

↕Last Name	↕First Name	↕Date of Birth	↕Inquiry ID	↕Status ?	↕Date Created	↕Check Type	↕User Name	Archive
<a href="#">TEST</a>	TEST	01/11/1990	5419115	Pending	04/01/2020	FP	Angel Pele	<input type="checkbox"/>

1 result

Inquiry Processing Status

Only inquiries submitted through BCS will display in the working grid.

# Background Check Statuses

↕Last Name	↕First Name	↕Date of Birth	↕Inquiry ID	↕Status ⓘ	↕Date Created	↕Check Type	↕User Name	Archive <input type="checkbox"/>
<b>Status Column</b>	<b>Meaning</b>							
Finished	A result notification has been issued.							
Incomplete	Entity saved applicant's information in BCS but has not completed picking the inquiry information and has not submitted the inquiry to BCCU.							
Interim FP Finished	An Interim result has been issued. Entity is required to make a fingerprint check continue/withdraw decision in order to proceed with the request.							
Not Submitted	Entity saved applicant's Information in BCS but did not submit the request to BCCU.							
Pending	BCCU has received the inquiry and it is pending in the BCCU queue to be processed, or the inquiry is actively being processed/researched by BCCU.							
Pending Additional Information	BCCU has requested the applicant provide additional information required to complete the request. Or the inquiry includes an out of state fingerprint request related to WIN (Western Identification Network).							
Pending Fingerprints	Applicant has not been fingerprinted yet.							
Pending FP Results	BCCU is waiting on WSP or the FBI to process fingerprints and provide a result.							
Pending Reprint	The WSP or FBI rejected the fingerprints and BCCU is waiting on the applicant to be reprinted.							
Pending Thumbprint	BCCU requires a thumbprint verification to be able to complete the request.							
Withdrawn	Entity chose to withdraw the fingerprint request after the interim fingerprint result was received.							

# **Submitting a Background Check Request**



# Confirmation Code & DOB

**Review and Submit a New Background Check**

**Enter the Online Form Confirmation Code** *Required*

FLUFF3AA05

**Applicant Date of Birth** *Required*

10/15/1999

**Retrieve Applicant Information**

- OR -

[Manually enter New Applicant Information](#)\*

\*When an applicant uses the paper form, the requesting entity is responsible for the data entry. This link opens up a screen with blank fields that match the Authorization form.

## Name and Date of Birth Information

Enter the applicant's name and date of birth.

<b>First</b>	Pukaccelli
<b>Middle</b>	whiskers
<b>Last</b>	fluffcakes
<b>Date of Birth (MM/DD/YYYY)</b>	10/15/1999
<b>Did the applicant list any Alias Names?</b>	No

## Additional Applicant Information

<b>Daytime telephone number where the applicant can be reached</b>	(360) 902-8763
<b>Email address where the applicant can be reached</b>	pukathecat@felinemail.fish
<b>Applicant's Social Security Number</b>	123-09-5532
<b>Does the applicant have a valid driver's license?</b>	Yes
<b>Driver's License Number</b>	fluff2345pw
<b>Select the state on your license</b>	California

## Address Information

**Has the applicant lived in any state or country other than Washington State within the last three years (36 months)?** No

### Mailing Address (usable for confidential information)

<b>Address Line 1</b>	2 tiburon blvd	<b>State</b>	WA
<b>City</b>	coronado	<b>Zip Code</b>	94920

**Is the applicant's listed street address where they live now the same as the mailing address above?** Yes

## Self-Disclosure - Conviction Information ⓘ

<b>Did the applicant disclose crime convictions? (11a) Occurred in Washington State?</b>	Yes
<b>Select a crime convicted of from the list or select CRIME NOT IN LIST to enter a different crime.</b>	Negligent Driving
<b>Other Crime Information</b>	Attempted
<b>Conviction Date</b>	6/25/2005

**Entity Information**

Entity Requesting Background Check:

**# 1 ! AAA Ascending Adult Family Homes**

**Aging & Long-Term Support Administration > Residential Care Services > Adult Family Home**

**Entity Account Number** 40010319

**License** 753250

**Applicant Type:**

- New Hire
- Initial Contract
- Initial License
- Rehire
- Renewal

**Applicant Type**

Other (Default) ▾

**Type of Background Check**

- Name and Date of Birth
- Fingerprint (includes WA State Name & Date of Birth AND Fingerprint Check)

**Application Information**

**Applicant Name** BCS TEST AP  
**Applicant DOB** 4/21/1990  
**Applicant Phone** (360) 902-0299

[Archive](#)

[Edit Application](#)



[Save for Later](#)

[Submit to BCCU](#)

[Go Back](#)

# Notifications

- When results change, BCS notifies the entity via their mailbox with a red !
- Click on the envelope and a list of notifications will appear in your mailbox
- Click on the INQUIRY ID hyperlink to be directed to the Background Check Summary



3
 Welcome, dshs\elderem  
 Account: 11003687  
 Name: APS BELLINGHAM

Show My Messages

↕Applicant Last	↕Applicant First	↕Inquiry ID	↕Subject	↕Sent	↕User Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	BCS Interim Fingerprint Complete	06/11/2019 10:44 AM	<input type="text"/> @yahoo.com	<a href="#">Delete</a>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Inquiry ID <input type="text"/> Expired	04/13/2019 01:10 AM	<input type="text"/> @yahoo.com	<a href="#">Delete</a>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Inquiry ID <input type="text"/> Expired	03/23/2019 01:10 AM	<input type="text"/> @yahoo.com	<a href="#">Delete</a>

# Retrieving/Viewing Results

Welcome, dshs\peleap  
Account: 11004456  
Name: CDE Test - Angel  
Otter 1.15.1

**Search Applications**

First Name

Last Name

Inquiry ID

Show My Inquiries

Not Submitted     In Progress     Archived  
 Finished     Needs Action     Expired

Date Created From:     Date Created To:

[Estimated Turnaround Times](#)

↕Last Name	↕First Name	↕Date of Birth	↕Inquiry ID	↕Status ?	↕Date Created	↕Check Type	↕User Name	Archive
<a href="#">MAYWEATHER</a>	FLOYD	09/02/1950	5399276	Submitted	03/04/2020	FP	Angel Pele	<input type="checkbox"/>
<a href="#">SMITH</a>	JOE	01/02/1980	5399275	Pending	03/04/2020	NDOB	Angel Pele	<input type="checkbox"/>

2 results

Click on the **Last Name** to view Background Check Summary

# Background Check Summary

## Entity Information

Entity Requesting Background Check:  
**HCS REG 2 NORTH**

[Aging & Long-Term Support Administration](#) > [Home & Community Services](#) >

Entity Account Number: 11000077  
License: -20010912

## Application Information

<b>Applicant Name</b>	CHESTER STEDMAN
<b>Applicant DOB</b>	4/18/2010
<b>Applicant Phone</b>	(352) 352-3526

## Background Check Information

<b>Inquiry ID</b>	4857036
<b>Status</b>	Finished
<b>Applicant Type</b>	Work Study
<b>Applicant Details:</b>	

<b>Background Check Type</b>	<a href="#">Review Application Form</a> Name and Date of Birth
------------------------------	---

## Results

NDOB	<a href="#">No Record</a>
------	---------------------------

## Background Check Notes

[Add Note](#)

### Note 1

Testing the Notes feature - Notes can be modified!

Modified by Beth Elder on June 12, 2018

### Note 2

Notes are subject to Public Disclosure. Be careful about the information entered here.

Created by Beth Elder on June 12, 2018

### Note 3

BCCU Staff won't see information in this note when they process the Background Check!


Created by Beth Elder on June 12, 2018

Link to background check **Results**

<b>Results</b>
NDOB <a href="#">Disqualify</a>

Click Here

To View the Results



Washington State  
Department of Social & Health Services

*Transforming lives*

**Notification of Background Check Result**

**Completed On:** Wednesday, December 27, 2017

**Applicant:** GIZMO MCWHISKERS FLUFFYCHEEKS

**Date of Birth:** 7/25/1996

**Inquiry ID/OCA:** 4474627

**Entity Account #:** 11001058

**Requesting Entity:** AAA RESIDENTIAL SERVICES

**DSHS Oversight Program:** DDA, Developmental Disabilities

**Background Check Type:** Washington State Name & Date of Birth Background Check

**Shared Fingerprint:** No

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*Background Check Result*

**Disqualify**

As of the date of the background data search, the applicant has:

**Disqualifying information\* reported by one or more background check data sources.**

This means the applicant cannot have unsupervised access to children or vulnerable adults. If you allow the applicant to have unsupervised access to children or vulnerable adults, you may be violating federal or state regulations and your DSHS oversight program may take action against your license or contract. The applicant's background check records are attached.

*\* Based on a review of the disqualifying crimes and negative actions adopted by the DSHS oversight program listed above.*

A copy of this background check result will be sent to the applicant. If the applicant wishes to dispute or clarify the information reported on this background check result, the applicant may contact the Background Check Central Unit for additional information.

# Background Check Turnaround Times

<a href="#">Estimated Turnaround Times</a>			
Date of Birth	Inquiry ID	Status ?	Date Created

## Turnaround Times

Estimated for the day of March 4, 2020

Background Check Item	Working on inquiries submitted the <u>day</u> of:
<b>Inquiries in a Pending Status</b> may include Name and Date of Birth Checks, Interim Fingerprint Checks, Final Fingerprint Checks	March 2, 2020
<b>Court Documents, Applicant Affidavits, and Legal Documents</b> including Additional Information Needed Notification requested documents	February 27, 2020
<b>Applicant Requests for Background Check Information</b>	March 3, 2020

If a background check status is **Pending**, you can view BCCU turnaround times by selecting the **Estimated Turnaround Times** hyperlink

You will be directed to the Turnaround Times on BCCU's website

Note: Do not submit duplicate background checks as it further delays turnaround times.

Background Checks Results will not come back in the order submitted. Some background checks may come back very quickly, sometimes within minutes. Background checks requiring a review of information or manual intervention will take longer.

# User Management



# User Roles

BCS users may have **different** roles assigned to them for each entity they have access to.

Each User is required to have **their own unique individual login** when accessing BCS.

An office will not be allowed to have a central login/email that all use to access BCS.

# BCS Entity Account Roles

## ▪ Account Administrator

- Submit/Receive checks in BCS
- View background check activity
- View received results including FBI Rap Sheets (if allowed)
- Manage/Assign user roles
- Pull Entity/Account level reports

**NOTE:** Each account must have identified a Primary Account Administrator (PAA). The PAA will be the primary contact for BCCU and user management. The PAA and the AA have the same functions within BCS.

## ▪ Entity User

- Submit checks in BCS
- Receive results in BCS
- View submitted inquiries
- View received results including FBI Rap Sheets (if allowed)

## ▪ Entity Submitter

- Submit checks in BCS
- View submitted inquiries

# Result Letters: What do I do?

- Character, Competency, and Suitability Reviews
  - BCCU is not involved in this process.
- Is one or more crime(s) being reported incorrectly? Refer the applicant(s) to BCCU for assistance.
- Hiring exceptions? Refer directly to your program contact.

*Background Check Result*

**No Record**

*Background Check Result:*

**REVIEW REQUIRED**

*Background Check Result:*

**DISQUALIFY**

*Background Check Result:*

**ADDITIONAL INFORMATION NEEDED**

# Where can I learn more about BCS and BCCU?

- Visit BCCU's webpage

<https://www.dshs.wa.gov/bccu>

# BCCU Contact Information

BCCU Mainline Phone:  
**(360) 902-0299**

Option 2 - Technical Support Assistance

Option 3 - General Background Check Assistance

BCCU Email:

[bccuinquiry@dshs.wa.gov](mailto:bccuinquiry@dshs.wa.gov)